

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	2	3	4	5	6
TOTAL DEP.	7	8	9	10	11	12
TOTAL CLAIMS	13	14	15	16	17	18

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	2	3	4	5	6
TOTAL DEP.	7	8	9	10	11	12
TOTAL CLAIMS	13	14	15	16	17	18

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS